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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Matter of the Application of: Longinos De Dios Martin

Serial No.: 10/717,077

Filed: 11/19/2003

For: **Cable Terminating Apparatus and Method**

Examiner: Ross N. Gushi

Group Art Unit: 2833

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

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JoAnn F. Dillaway
JoAnn F. Dillaway

AMENDMENT UNDER 37 CFR 1.312

Sir:

A Notice of Allowance was mailed on August 18, 2004 in the subject application. Since issuance of the Notice of Allowance an error in antecedent basis has been found in the allowed claims. Applicant respectfully requests entry of the following amendment for the reasons presented herein:

AUG 3 0 2004

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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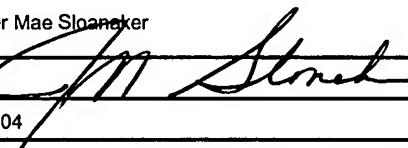
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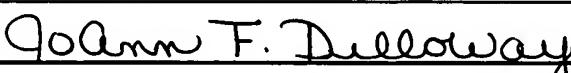
**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/717,077	
	Filing Date	11/19/2003	
	First Named Inventor	Longinos De Dios Martin	
	Art Unit	2833	
	Examiner Name	Ross N. Gushi	
Total Number of Pages in This Submission	8	Attorney Docket Number	21334-1286

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (312) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgement Card

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jennifer Mae Sloanecker
Signature	
Date	8/26/2004

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	JoAnn F. Dillaway	
Signature		Date 8/26/2004

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